

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA CAND 435 (CAND Rev. 7/2013)				TRANSCRIPT ORDER Please use one form per court reporter. CJA counsel please use Form CJA24 Please read instructions on next page.				COURT USE ONLY DUE DATE:						
1a. CONTACT PERSON FOR THIS ORDER Desiree Allen-Maye				2a. CONTACT PHONE NUMBER (310) 556-5931				3a. CONTACT EMAIL ADDRESS dmaye@stroock.com						
1b. ATTORNEY NAME (if different) Jason S. Yoo				2b. ATTORNEY PHONE NUMBER (310) 556-5970				3b. ATTORNEY EMAIL ADDRESS jyoo@stroock.com						
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) Stroock & Stroock & Lavan LLP 2029 Century Park East, 16th Floor Los Angeles CA 90067				5. CASE NAME Larson v. Trans Union LLC				6. CASE NUMBER 12-cv-05726						
7. COURT REPORTER NAME (FOR FTR, LEAVE BLANK AND CHECK BOX) → <input checked="" type="checkbox"/> FTR				8. THIS TRANSCRIPT ORDER IS FOR: <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> In forma pauperis (NOTE: Court order for transcripts must be attached) <input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL <input type="checkbox"/> CJA: Do not use this form; use Form CJA24										
9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested, format(s) & quantity and delivery type:														
a. HEARING(S) (OR PORTIONS OF HEARINGS)			b. SELECT FORMAT(S) (NOTE: ECF access is included with purchase of PDF, text, paper or condensed.)					c. DELIVERY TYPE (Choose one per line)						
DATE	JUDGE (Initials)	TYPE (e.g. CMC)	PORTION (If requesting less than full hearing, specify portion (e.g. witness or time)	PDF (email)	TEXT/ASCII (email)	PAPER	CONDENSED (email)	ECF ACCESS (web)	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	DAILY (Next day)	HOURLY (2 hrs)	REALTIME
09/25/13	WHO	Motion		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:														
ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).												12. DATE		
11. SIGNATURE /s/ Jason S. Yoo												12/12/2013		
DISTRIBUTION: <input type="checkbox"/> COURT COPY <input type="checkbox"/> TRANSCRIPTION COPY <input type="checkbox"/> ORDER RECEIPT <input type="checkbox"/> ORDER COPY														